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APPLICANTS

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**** CONTINUING DATA ********not in U.S.***** FOREIGN APPLICATIONS *******JAPAN 2002-203753 07/12/2002 *W.C.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

09/15/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>W.C.</i> Initials				

ADDRESS

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TITLE

Ophthalmologic apparatus

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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